

AUG 18 2005

**BLAKELY  
SOKOLOFF  
TAYLOR &  
ZAFMAN**  
A LIMITED LIABILITY  
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## FACSIMILE TRANSMITTAL SHEET

Deliver to: Examiner Tran, Art Unit 2186  
Firm Name: U.S. Patent & Trademark Office  
Fax Number: 571-273-8300  
From: Michael J. Mallie Operator: Anne Collette  
Date: August 18, 2005  
App. No.: 09/643,380  
No. of pages: 4 (including cover sheet)  
Client/Matter: 42P9301 Docket Date: 8/18/05 Atty: CTE

Dear Examiner:

Please find the following document(s) attached:

- 1) Transmittal Form (1 page)
- 2) Fee Transmittal (1 page)
- 3) Notice of Appeal (1 page)

Thank you.

CERTIFICATE OF TRANSMISSION	
I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.	
By: <u>Debra Milbourne</u> Debra Milbourne	Date: <u>8/18/05</u>

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PTO/SB/21 (09-04)

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages In This Submission

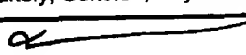
Application Number	09/643,380
Filing Date	August 21, 2000
First Named Inventor	Manoj Khare
Art Unit	2186
Examiner Name	Denise Tran
Attorney Docket Number	42P9301

**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

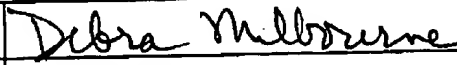
Remarks

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Blakely, Sokoloff, Taylor & Zafman LLP		
Signature			
Printed name	Michael J. Mallie		
Date	8/18/2005	Reg. No.	36,591

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Debra Milbourne	Date	8/18/2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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AUG 18 2005

PTO/SB17 (12-04)

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
**For FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$ 500.00)**Complete If Known**

Application Number	09/643,380
Filing Date	August 21, 2000
First Named Inventor	Manoj Khare
Examiner Name	Densle Tran
Art Unit	2186
Attorney Docket No.	42P9301

**METHOD OF PAYMENT (check all that apply)**
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	50				
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
- 3 or HP =	x	200				
HP = highest number of independent claims paid for, if greater than 3						

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: Fee for Notice of Appeal

Fees Paid (\$)

500.00

**SUBMITTED BY**

Signature	Registration No. (Attorney/Agent) 36,591	Telephone 408-720-8300
Name (Print/Type) Michael J. Mallie		Date 8/18/2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.


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AUG 18 2005

PTO/SB/31 (08-03)

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<b>NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>		Docket Number (Optional)  <b>42P9301</b>						
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" on <u>8/18/2005</u>  Signature <u>Debra Milbourne</u>  Typed or printed name <u>Debra Milbourne</u>		In re Application of <b>Manoj Khare, et al.</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Application Number <b>09/643,380</b></td> <td style="padding: 2px;">Filed <b>08/21/2000</b></td> </tr> <tr> <td colspan="2" style="padding: 2px;">For <b>A Method and Apparatus for Pipelining Ordered Input/Output Transactions to Coherent Memory in a Distributed Memory, Cache Coherent Multi-Processor System</b></td> </tr> <tr> <td style="padding: 2px;">Art Unit <b>2186</b></td> <td style="padding: 2px;">Examiner <b>Denise Tran</b></td> </tr> </table>	Application Number <b>09/643,380</b>	Filed <b>08/21/2000</b>	For <b>A Method and Apparatus for Pipelining Ordered Input/Output Transactions to Coherent Memory in a Distributed Memory, Cache Coherent Multi-Processor System</b>		Art Unit <b>2186</b>	Examiner <b>Denise Tran</b>
Application Number <b>09/643,380</b>	Filed <b>08/21/2000</b>							
For <b>A Method and Apparatus for Pipelining Ordered Input/Output Transactions to Coherent Memory in a Distributed Memory, Cache Coherent Multi-Processor System</b>								
Art Unit <b>2186</b>	Examiner <b>Denise Tran</b>							
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.  The fee for this Notice of Appeal is (37 CFR 1.17(b)) <span style="float: right;">\$ <u>500.00</u></span>  <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____  <input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.  <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.  <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>02-2666</u>. I have enclosed a duplicate copy of this sheet.  <input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.           </div> <div style="width: 15%; text-align: right;"> <b>08/22/2005 MBINAS 00000004 022666 09641380</b>  <b>01 FC:1401 500.00 DA</b> </div> </div> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p>								
I am the  <div style="display: flex; justify-content: space-between;"> <div style="width: 50%;"> <input type="checkbox"/> applicant/inventor.   <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)   <input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>36,591</u>   <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a), _____           </div> <div style="width: 45%; text-align: center;">             _____            Signature  <b>Michael J. Maille</b>            _____            Typed or printed name  <b>408-720-8300</b>            _____            Telephone number   <b>8/18/2005</b>            _____            Date         </div> </div>								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
<input type="checkbox"/> *Total of _____ forms are submitted.								

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